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JUL 02 2004  
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20999 7590 03/31/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Anne-Marie C. Yvon Reg. No. 52,390 (Depositor's name)
ANNE-MARIE C. YVON
June 30, 2004

(Signature)  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/008,610	11/08/2001	Patrick Aebscher	674523-2013	2486

TITLE OF INVENTION: LENTIVIRAL-MEDIATED GROWTH FACTOR GENE THERAPY FOR NEURODEGENERATIVE DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/30/2004 <i>\$30 (ADVANCE COPIES)</i>
EXAMINER	ART UNIT	CLASS-SUBCLASS		<i>\$95.00</i>	
GUZO, DAVID	1636	424-093200			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*OXFORD BIOMEDICA (UK) LIMITED*

*OXFORD, UNITED KINGDOM*

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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(Authorized Signature)

(Date)

*Anne-Marie C. Yvon*

*6/30/04*

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07/06/2004 JADDO2 00000071 10008610

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

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